



The miracle drug

Nicholas Pimlott MD CCFP, SCIENTIFIC EDITOR

*Better to hunt in fields, for health unbought,
Than fee the doctor for a nauseous draught,
The wise, for cure, on exercise depend;
God never made his work for man to mend.*
John Dryden

*Life is like riding a bicycle—in order to keep
your balance, you must keep moving.*
Albert Einstein

Every spring brings with it an explosion of buds on the trees in the neighbourhood where I live, but also of joggers, bikers, inline skaters, skateboarders, and walkers. The real optimists are clad in T-shirts and shorts, even if the temperatures still hover just above zero. Whenever I witness this annual burst of activity it reminds me of something I say to all of my patients at some time or another—if I could do one thing for everyone in my practice it would be to get them to exercise for at least half an hour a day. I spend a lot of time in my practice talking to people about regular exercise and how to become more active.

The evidence for the health benefits of physical activity in adults is overwhelming. Regular physical activity reduces the risk of chronic diseases such as coronary artery disease, diabetes, and obesity.¹ Regular physical activity also helps improve mental health, and there might be a dose-response relationship between mental health and the level and intensity of activity.² To achieve these health benefits, the American College of Sports Medicine (ACSM) and American Heart Association (AHA) guidelines recommend 30 minutes of moderate activity (eg, brisk walking) 5 times weekly, 20 minutes of more vigorous activity (eg, jogging) 3 times weekly, or a combination of the 2.¹ Furthermore, these health benefits are available to older adults as well.^{3,4} In this issue, for example, Petrella and colleagues describe the results of implementing an exercise prescription and behaviour counseling program for healthy older adults (page e191).⁵

Complying with the ACSM-AHA guidelines offers a considerable return on a minimal investment. Yet in spite of the evidence of health benefits and the minimal time investment, almost half of American adults fail to meet these levels of activity.⁶ The numbers are likely similar in Canada. Among the many reasons for such low levels of activity are missed opportunities for family physicians to influence their patients' exercise behaviour. Although

family physicians are well positioned to counsel patients about exercise, studies show that rates of such counseling remain low.^{7,8} When it comes to things that get in the way of physicians providing exercise advice to their patients, the usual suspects come into play—lack of time, lack of financial reimbursement, and lack of training.

One of the best predictors of whether a physician provides exercise counseling to patients, however, is the physician's own level of physical activity. One of the earliest studies to show this was the US Women Physicians' Health Study, which determined that women doctors who complied with the ACSM-AHA physical activity recommendations were much more likely to counsel patients to exercise and to be trained in such counseling.⁹ Subsequent further work by Frank and colleagues has shown clearly that "active doctors prescribe activity."¹⁰ These researchers have also indicated that talking to your patients about your own exercise habits can make your advice more credible and can help motivate them to become more active.¹¹

This spring take the opportunity to learn more about the health benefits of regular exercise, to start exercising more regularly yourself (Canadian physicians currently exercise an average of 4.7 hours a week¹²), and to be more proactive in counseling your patients to do so.

Regular aerobic exercise is the one miracle drug that is hard to get people to take. But it is much easier to do so, and will grant you greater credibility with your patients, if you take the medicine yourself. 🌿

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